

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STATE AUTO EMPLOYEES FED PAC COMMITTEE OF STATE AUTOMOBILE MUTUAL INSURANCE COMP-ANY

**A.**

Full Name (Last, First, Middle Initial)

MARK BLACKBURN

Mailing Address 4949 RED BANK ROAD

City

GALENA

State

OH

Zip Code

43021

FEC ID number of contributing federal political committee.

C

Name of Employer  
SAM

Occupation

EVP-Chief Oprating Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: 8885860

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

David D'Antoni

Mailing Address 15821 Savona Way

City

Naples

State

FL

Zip Code

34110

FEC ID number of contributing federal political committee.

C

Name of Employer  
State Auto Financial Corporation

Occupation

Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: 8885866

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dennis Blank

Mailing Address 15078 Harbor Point West

City

Thornville

State

OH

Zip Code

43076

FEC ID number of contributing federal political committee.

C

Name of Employer  
State Auto Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: 8885867

Amount of Each Receipt this Period

900.00

**SUBTOTAL** of Receipts This Page (optional) .....

2400.00

**TOTAL** This Period (last page this line number only) .....